



THE COURIER

June/July 2002



NEX prepares for move and changes

Story by: JO2 Duke Richardson

The Naval Medical Center Portsmouth Navy Exchange is moving to a different floor.

The NEX, currently located on the second floor of Building 215, will have a new temporary home on the fourth floor of 215 for approximately 18 months. The NEX is scheduled to begin the move on Monday, July 22, with the new location slated to be in full operation on Friday, July 26.

"We're excited about the Navy Exchange's future plans and the provisions we've made to continue to provide the quality services our customers are accustomed to," said Edna Elliott, Navy Exchange Portsmouth's Branch Exchange Manager. "The NEX store will continue to carry uniforms, books and magazines, greeting cards, health and beauty aids, a small gift selection along with the usual snacks/food and beverage items. Services will include Zoots Dry Cleaning, Teleflora, Qualex Film Processing, and tailoring during normal working hours of operation. Sally Goodly will be on site to provide tailoring Monday through Friday from 9:00 a.m. to noon. The NEX located in Building 215 will continue to be open from 8:00 a.

m. to 4:00 p.m., Monday through Friday."

During the next 18 months, the NEX will provide food service by setting up shop on the fourth floor as well as the court yard. Subway will be relocating to the fourth floor with hours of operation from 11:00 a.m. to 5:00 p.m. Subway will also set up a mobile unit in the Building Two courtyard along with Dominic's New York Mobile Eatery offering a large variety of menu choices. Hours of operation for the courtyard food operation will be 8:00 a.m. to 6:00 p.m., Monday through Friday.

Barber shop services will be offered at Building 256. The hours of operation have been extended to accommodate our customers. The new hours will be 7:00 a.m. to 5:00 p.m., Monday through Friday and 9:00 a.m. to 2:00 p.m. on Saturday.

"The Navy Exchange is looking forward to the temporary move," said Elliott. "This is a small sacrifice to make when planning ahead for the new facilities. When the Exchange moves back to their permanent space, our customers will benefit by having a larger facility to include a barber shop, tailor shop and food court."

Inside this issue:

<i>Staff Soundoff</i>	<i>Pg 2</i>
<i>STD Facts</i>	<i>Pg 3</i>
<i>Blood Bank</i>	<i>Pg 4</i>
<i>Corpsman Retires</i>	<i>Pg 5</i>
<i>NMCP Frocks New Leaders</i>	<i>Pg 5</i>
<i>Essay Winners</i>	<i>Pg 6/7</i>
<i>Spouse Orientation</i>	<i>Pg 8</i>
<i>Alcohol Abuse</i>	<i>Pg 9</i>
<i>Chaplain's Note</i>	<i>Pg 10</i>
<i>Research Competition</i>	<i>Pg 11</i>
<i>Safety Prescription</i>	<i>Pg 12</i>

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ON THE TRANSITION
TO BUILDING ONE AND
215 AT [WWW-NMCP-
INTRA-
NET.MAR.MED.NAVY.M
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Navy College Office sponsors Education/Career Fair

The Navy College Office will sponsor an Education/Career Fair, 9 a.m.-noon on Friday, July 19 in the Medical Records area, 2nd Deck, CHCC. The following schools/organizations will be on hand to answer your questions: Coastline Community College; ECPI College of Technology; George Washington University; Old Dominion University; St. Leo University; Tidewater Community College; Troy State University; Virginia Tidewater Consortium (assists individuals to see if they qualify for financial aid to go to college); HM Reserve Recruiter; Command Career Counselor; Naval School of Health Science; and Navy College Office. Coastline will accept up to 40 semester hours for your military schools/rate/CLEP. Coastline offers rate related degrees via distance learning. A few of the rates with the degree is listed: HM/DT - Health Science Technology; MA - Criminal Justice; DP/IT/RM - Computer Systems; IS/JO/LI/NC/PH - Media/Communications; MS - Food Service Management; LN/PC/PN/RP/SH/SK/YN - Business and Administration; Most E8's and E-9's -Management. A Coastline College rep will be available for individual counseling appointments 1 p.m.-3:30 p.m. on Thursday, Jul 18. Call Navy College to set up an appointment; otherwise, visit the rep at the Ed/Career Fair. Light refreshments and "give aways" will be available for your enjoyment. Now is the time to start planning for the upcoming fall semester. If you have ever thought you would like to go to school, but do not know how to get started or what is available, this is the place to find out!!

An authorized publication of the Naval Medical Center, 620 John Paul Jones Circle, Portsmouth, VA 23708. The views expressed in this publication are not necessarily those of the United States Navy.

The Courier is published monthly by the Public Affairs Office. Be sure to check out NMCP's website at www-nmcp.mar.med.navy.mil.

Commander

Rear Adm. Clinton E. Adams

Deputy Commander

Capt. Mathew Nathan

Public Affairs Officer

Lt. Robert Lyon

Assistant PAO

Mr. Dan Gay

Staff Reporters

JO2 Daniel A. Bristol

JO2 Duke Richardson

JO3 Theresa Raymond

How do I get something in The Courier?

The command's monthly publication provides an avenue to circulate all the useful information the Medical Center staff has to offer. Contact the Public Affairs Office at 953-7986, Fax 953-5118, via Guardmail, or you can E-mail the PAO, Lt. j.g. Lyon, at rtlyon@pnh10.med.navy.mil. Submissions should be on a disk in text or Word format with a paper copy attached. Photos are welcome and can be returned on request. The Courier now comes out once a month. Send your submissions to the Public Affairs Office and we'll put it in the next current issue, space permitting. Submission deadline for the next issue is the 15th!!

We are located in Bldg. 215, second deck, Room 2-118 (next to the Conference Room.)

July Staff Soundoff

Question: *How important do you think it is to donate blood?*



I think it is important for people to donate blood for emergency situations. Anything can happen at any time so it is good to keep enough blood in stock in order to take care of people. HN Sharmaine Nicholson-Radiation Oncology



It's very important given the events over the past few months especially after Sept. 11th. Everyone should donate blood to help save lives just in case of such emergencies MS2 Wesley Winters-NMCP Barracks



It's pretty important when there are people who need it. Working in critical care, we are always working with donated blood. If there is no donated blood, people will die. Ultimately, if people don't give blood, people die. HN Monica Christian-Reserve Liaison



It's a way to help save someone else's life. As a hospital corpsman that is part of my job, so I feel it is important to give blood whenever you can. HN Monieka Guyton-Reserve Liaison

Syphilis

Spread: Vaginal, oral, and anal sex; or skin to skin contact with syphilis sores

Signs: Stage one has a painless sore which may not be noticed on the sex organ, mouth or anus one week to three months after having sex with someone infected with syphilis.

Diagnosis: Blood test or examination of the sore under a microscope

Complications: Sore will go away in several weeks, but syphilis stays in the body. If not treated, up to a year later, syphilis moves into stage two, signs include fever, rash, aches, sore throat, hair loss and swollen glands. If not treated, years later the disease will move into stage three that causes heart and brain damage, blindness, and even death. Damage to your body is done and can't be reversed.

Treatment: Can be cured easily in the early stages with the right medication

Genital Warts

Spread: Vaginal, oral, anal sex; skin-to-skin contact even when warts can't be seen

Signs: Warts appear on sex organs within a few weeks to months of contact

Diagnosis: Exam to look for warts

Complications: Can come back because you still carry the virus, can lead to cancer, can be passed to baby during birth

Treatment: Freezing, chemicals, electrical heat, or laser removal

STD FACTS:

Herpes Simplex II

Spread: Very common virus spread by vaginal, oral, or anal sex; or skin to skin contact with herpes blisters or sores.

Can be passed when sores can't be seen.

Signs: Small, red and painful blisters may appear two days to a few weeks after sex with someone who has herpes.

Often found in, on or around the penis, vagina, groin or rectum. Can be on the mouth. (Not the same as "cold sore.")

Diagnosis: Test the fluid in the sores

Complications: Blisters break and heal themselves. Virus stays in the body and may come back at anytime. If you are pregnant be sure to tell your doctor that you have herpes.

Treatment: Can't be cured. Reducing stress may limit out breaks. Talk to your doctor about medications to help control the virus.

Gonorrhea

Spread: Vaginal, oral, or anal sex

Signs: A white, yellow or green discharge; painful urination; infection in the throat, pain in the lower belly; often there are no signs.

Diagnosis: Urine or discharge sample

Complications: PID, sterility, risk of tubal pregnancy, arthritis, and heart trouble

Treatment: Cured with the right medication

HIV/AIDS

Spread: Vaginal, oral, or anal sex; or blood to blood contact, can be passed from mother to baby during pregnancy or breastfeeding

Signs: Short-term fever and flu like symptoms, some people have no signs and go for years without knowing they are infected

Diagnosis: HIV blood test

Complications: Body's ability to fight off disease is weakened and cancers begin to take over the body, brain and nervous system also attacked causing loss of memory

Treatment: No cure, but medications that can help slow down the infection

Chlamydia

Spread: Vaginal or anal sex.

Signs: Water cloudy discharge, pain when urinating. Often no signs are present.

Diagnosis: Urine sample or discharge sample tested.

Complication: Can spread to infant during birth if not treated, can cause PID (pelvic inflammatory disease) in women and sterility in men and women.

Treatment: Can be cured with the right medication. Abstain from sexual activity till you've taken all your medication. Sex partner needs to be evaluated by a doctor. If they carry the disease and are not treated, they can give it right back to you.

STD Quiz: How much do you know?

The highest rates of sexually transmitted diseases in the industrialized world are found in the United States.

True False

Condoms — so long as they're still wrapped — will stay effective even if carried around for months at a time in your wallet.

True False

Animal skin (lambskin) condoms protect against pregnancy but don't protect you from sexually transmitted diseases, such as HIV/AIDS.

True False

You should lubricate condoms with petroleum jelly or baby oil to reduce their risk of tearing.

True False

When condoms fail, it's usually because of incorrect use.

True False

People with genital herpes should abstain from sexual intercourse, even if married, to prevent spreading the disease to an uninfected partner.

True False

The absence of genital warts 6 months after a sexual encounter indicates that you were not infected with the human Papillomavirus (HPV) during that encounter.

True False

HPV infection is believed to be the underlying cause of the vast majority of cases of cervical cancer.

True False

Gonorrhea is more common than Chlamydia in the United States.

True False

AIDS is a leading cause of death among people ages 25 to 44 in the United States.

True False

Answers to Quiz: 1) True 2) False 3) True 4) False 5) True 6) False 7) False 8) True 9) False 10) True

NMCP's Blood Bank Finds New Ways to Increase Donations

Story by: JO2 Duke Richardson

Naval Medical Center Portsmouth's bloodmobile, staffed by blood lab technicians, recently made a trek to Huntington Hall, located just outside the Newport News Shipbuilding and Drydock, to ask sailors from the USS Ronald Reagan to donate the gift of life.

Aside from gathering blood donations to add to the hospital's supply, there's another mission geared to directly help the ship, according to Hugh Cox, marketing coordinator for NMCP's Blood Donor Program. "The drive is also geared at helping the Reagan establish its 'walking blood bank'," said Cox. "What that means is this will let them know where their blood bank is in the event something should happen while they are out to sea. They will be able to look up the names in their database to find a blood match and call on that person to donate blood if necessary." Along with the number of Reagan sailors that donated at a blood drive held a few weeks earlier, the ship has approximately 120 pints of blood available for its use if the need arises. But there aren't any plans to stop there.

The need for the blood bank is really high and the more

people willing to donate, the better off future patients and the command will be. Although blood needed to save a patient's life can be procured from an outside source, there is always a small risk of not obtaining it due to the "first come, first served" system for outside procurements. Procuring blood from outside sources is not adequate either to respond to military operational demands and to contingencies like war and disasters.

On top of these facts, Cox says the blood bank must pay for the blood it receives from outside sources. "It is very important we keep enough blood in stock for use. If we get low or don't have enough, we have no choice but to buy it and that gets really expensive. This is why we hold so many blood drives throughout the year, because even though we have to pay for the blood we get from outside sources, there's no guarantee that they will have enough to give us."

Currently, there are two blood donor centers taking donations in the Tidewater area, NMCP and the American Red Cross. The military blood donor center for the Tidewater area operates out of NMCP, which provides a good portion of blood that supports the

fleet.

"We will be back to do another drive for the Ronald Reagan in July," said Cox. "With enough advanced notice about the event, as well as getting the word out to the troops, we are positive that the number of donors and (walking blood bank members) will increase."

Just about anybody can give blood as long as they meet certain criteria such as being at least 17 years old and meeting the minimum weight limit of 110 pounds.

Donating blood is perfectly safe and harmless and not as draining as it may seem. There is also no danger of catching any infections from giving blood. After the needle is removed, it, along with the plastic tubing and bag, are thrown away after one use.

So what exactly are you waiting for? One day, it could very well be you or a loved one who will need blood. Patients with a bleeding disorder or leukemia, those having an operation, people who are in an accident or fire, and premature infants are among the many patients who need blood. So the next time you hear of a blood drive being held near where you are, feel free to give a little bit of the very life force which could help save a life.

MWR NOTE

BUSCH GARDENS MILITARY APPRECIATION DAYS - MWR has tickets available for Military Appreciation Days at Busch Gardens. The special will run through September 2 and all employees of NMCP are eligible to take advantage of this great discount. Tickets are \$27.00 each for either adults or children and can be purchased at the ITT office in Building 215 (2nd deck) or at the MWR office located in Building 276 (the gym). Stop in and get your ticket to summer fun today! 953-5439

SWIMMING LESSONS - There is still space available in the swimming classes offered at the indoor pool. Classes are scheduled to begin Monday, July 8 and will continue through Thursday, July 18. Lessons are Monday through Thursday morning for two weeks. Classes offered are: Level I, II and III, and Adult. Cost is \$25.00 per person and can be paid at the ITT office (Building 215, 2nd deck) or at the MWR admin office (Building 276, the gym).

Corpsman Retires after an Honorable Career

Story and Photo by: JO2 Daniel A. Bristol

With a tour at Naval Medical Center Portsmouth, a tour with the Marines and one onboard the USS America to name a few, and with years of caring for and assisting patients as a hospital corpsman, HM2 (AW/FMF) Donald W e n d e l l McCollum Jr. retired from his Naval career and started his life as a civilian. His retirement ceremony was held in the NMCP auditorium June 21, 2002.

McCollum said that his most memorable duty station was with the Marines. McCollum was the field medical technician stationed with the 1/6 Bravo Company and 2nd AAV's 2nd Marine Division Camp Lejeune, NC. "With the Marine Corps, they do everything on an easy scale," said McCollum. "With the Marine Corps, it's face value, what you see is what you get."

After completing his tour with the Marines, McCollum came to work in the Radiology Department NMCP. He was part of the Radiation Safety Division. He finished up his first tour here and moved onboard the USS America.

Onboard the America he was the Senior Flight Deck Corpsman and the Sick Call Screener. Then in 1997 he became the Contracting/Purchasing Officer for the Naval Environmental Preventive Medicine Unit #2 Norfolk, VA. Upon completion of his tour there, he, once again, reported to NMCP

McCollum's second tour at NMCP landed him in the Fleet Liaison's office, which he men-

tions was a very rewarding job. As the Fleet Liaison, he would go out and visit the patients. McCollum said that his most rewarding part about working in the Fleet Liaison's office was helping the patients.

"Usually I was the first one they would see," said McCollum. "I did all the patient visits and ship visits, so I got to see a lot of faces," said McCollum.

Well, as it states in "The Watch," "...Though he saw his family ashore often needing his guidance, he still stood the watch." Well, HM2 (AW/FMF) McCollum, your watch stands relieved. It's time to enjoy your retirement.



HM2(AW/FMF) McCollum receives an award during his retirement ceremony held

NMCP Frocks Its Newest Leaders

Story by: JO2 Duke Richardson

A number of Naval Medical Center Portsmouth sailors recently got a boost in responsibility, when they were frocked to the next paygrade.

The selectees were recognized in front of a packed auditorium of co-workers, friends, families and well wishers. This ceremony was of course made possible thanks to their fine performance during the 2002 Navy-wide March Examination Cycle.

HMCM(SW/FMF) David Carroll, NMCP's Command Master Chief, expressed extreme pride for the accomplishment the frockees have attained. "These are really a great group of sailors we are advancing here today," he said. "Their hard work and dedication shows that we truly have the finest sailors here and will continue to have the Navy's best for many years to come."

A feeling of pure joy permeated the atmosphere for the newly advanced sailors. According to HM2 Kenneth Gracie, a newly-frocked second class petty officer who works in NMCP's Main Operating Room, says it wasn't easy getting to this point, but he looks forward to moving even further up the rating structure. "It really feels great to have finally reached this point," said Gracie. "It is something I have been looking forward to for a while, and I can't wait to take on the challenges (going up in rate) will bring me."

Now that NMCP's newest advancees have had their crowns presented and await the jump in their pay, it is time to look ahead toward the September exam cycle. With diligent preparation, and perhaps a little bit of luck, you may find yourself on stage in December getting another chevron on your uniform.

High Year Tenure Changes

There is a new NAVADMIN revising the High Year Tenure policy limits for first and third class petty officers. One of the most important elements of the revision is communication.

All SEL's, LCPO's and LPO's are encouraged to learn about the changes and discuss them with their Sailors.

By learning about the revision, negative "self-talk" that can result from a lack of information can be avoided.

Help your sailors make the right decisions, and help them understand what High Year Tenure is and how it relates to them.

Essay Winners Named on Hospital Corpsman Birthday

On the Hospital Corpsman's 104th Birthday, HN Napier, HM2 (SW) Charles Canterbury and HM1 (FMF) Louis Everett were announced as the winners of NMCP's Hospital Corpsman Birthday Essay contest sponsored by the CPOA. The essay contest was intended to recognize junior hospital corpsman for their outstanding achievements while commemorating the history and tradition of the hospital corps. Here are the winning essays.

Essay by: HM1(FMF) Louis Everett

The plan for fair and equal compensation for any terrorist attacks must be in place. If there is one thing that we have learned from the September 11 terrorist attack is that America is not immune to terrorist attacks, and unfortunately, this could happen again. It would behoove us to lobby Congress and our local community leaders to enact a plan for fair compensation for family members of any future terrorist attacks.

My plan includes the ingredients of fairness and would enable us to sustain the national inflation ratio and cost of living index. We can refer to our social security compensation plan currently, it is a failed program unable to support its beneficiaries, and its future is not secure.

The qualification process would entail that a member applying has to be married to the individual who was killed in the terrorist attack. This would dispute any claims such as a fiancée or close friend. In the case of children whose parents are killed, the legal guardian would apply for their compensation and be responsible for all management.

My second qualification would be that the applicants present evidence that their spouses were killed as a result of a terrorist attack. This may sound trivial, but the member cannot substantiate a terrorist attack until affirmed by the United States Federal Government. For example, the World Trade Center bombing was clearly a terrorist attack on September 11, but I believe that future terrorist attacks

will not be so clear to distinguish.

The third qualification is that all beneficiaries must be United States citizens. This would be for obvious reasons such as a terrorist coming here to work and staging a terrorist attack for false claims. We would leave it up to other countries to participate in giving compensation plans for their citizens.

The final qualification would be valid employment. This would eliminate any organized crime jobs or people who get paid under the table. If there are no taxes being paid then that person would not be able to qualify. Those who may have gotten laid off must be collecting unemployment to apply. That would alleviate those folks who choose not to work. People that are retired, their retirement income would be considered as their earnings. The whole process would take no longer than 14 business days and the individual will be compensated on the first of each month.

Once qualified, the compensation will be based solely on the deceased member's yearly earnings. The family member would get a monthly check of what the member would have earned each month and a 10 percent raise each year. This would allow the compensation plan to stay abreast with the rising inflation rates, and simultaneously give them a yearly raise of what their spouse could have made. The compensation would be paid out until the spouse dies or until the remarry. In the case of children filing the claim, the compensation will be paid up until their 21st birthday or until age 23 enrolled as a full time college student.

Children with two parents killed will get compensated for both incomes.

The big question is how could we fund this compensation plan? My proposal would be to create a voluntary minimum donation of ten dollars when you file your taxes. For example, when you file your taxes my question would indicate do you want to donate to the Terrorist Relief Fund? This would definitely meet the needs of all the people enrolled, and provide a surplus.

Essay by: HM2(SW) Charles T. Canterbury

Should the Navy handle the underage drinking in an administrative fashion, much like we handle the "Zero Tolerance" stance we have taken against illegal drugs? No. This would simply be a substitute for sound leadership and would do very little to address the problem. Underage drinking will no longer be a problem when we promote intolerance for such behavior. Rather than always putting someone on report and sending them up the chain, let's task the Petty Officers to handle the problem. EMI, extending working hours, withholding of privileges and even a tour at the Criminal Custody Unit is better than just avoiding the problem altogether by kicking them out or sending them to Captain's Mast or something of that magnitude. These things should be reserved for continued problems and bigger issues. We can effectively handle this problem at the LPO and LCPO level.

Our first General Order of a Sentry is "to take charge of my

post and all government property in view.” Too many times we turn our heads to simple infractions or situations that could spiral into a much bigger issue. Nothing is said to the sailors going to department stores in utilities, or going off-base in coveralls. On deployments and in social gatherings where alcoholic beverages are being served we tend to brush off the fact that some of the sailors present are underage. We ignore the problem until it is already too late and someone is out of control, fighting, or in need of a drunk watch. We must hold sailors accountable for their own actions and stop the mixed messages we are sending by doing nothing about underage drinking.

Underage drinking is a problem because there has been a lack of initiative among all hands to stop it. We need to call it out when we see something going on that is wrong, unsafe, or could turn into something of that nature. Those who sit back in silence and do nothing are the first to want to put that sailor on report when something does occur. If we look further into the Uniform Code of Military Justice, we’d see that being an accessory after the fact is defined as “having knowledge of an offense prior to or during its commission.” In essence, not doing something is worse than the original infraction.

As Admiral William “Bull” Halsey said, “Look around and see what needs to be done, and DO IT.” Set a sailor straight if you catch them out of line. By punishing a sailor for a minor offense at your level, you may have deterred a much bigger problem, saved a career or even saved a life.

Leadership is foremost an interpersonal relationship with our juniors. We are role models. From the moment that new sailor reports to you from boot camp and “A” school, set ground rules for them and let them know your expecta-

tions for them. Take them under your wing. By being involved with their personal and professional development, you can better gauge their needs, access their level of development and can better lead them to that next level. This is not an easy tasking, yet to promote retention and to yield the fleet better sailors it is essential.

Essay by: HN Jerod Napier

Does your job influence the Navy’s mission readiness? What do you do on a daily basis to make the Navy more efficient? If someone directed these questions at you, how would you answer? I believe my job title and performance makes the Navy more mission ready. I strongly believe it’s not a person’s rate that makes the Navy mission ready. It’s the way a person carries out ones responsibility with a strong work ethic and incessant dedication that makes the difference.

My name is HN Jerod Napier. I work at NMCP in the family practice clinic. As a young corpsman I am the working bee of Navy Medicine. I get the simple time consuming thing out of the way so the patient can have more 1 on-1 time with the doctor. I do tasks that need to be done daily, in order for the clinic to run smoothly. I ensure my workspace is a clean, safe, and comfortable place for my shipmates and their family members. I believe when a retired master chief or captain comes into our clinic, I myself represent the hospital corps. I am the first smiling face they see. Always honoring the hospital corps is what I do.

Self-improvement, I believe, is another big part of being mission ready. I acquire as much knowledge as I can on a daily basis. Whether it is recognizing signs and symptoms of influenza, wanting to

draw blood or start IV’s. Whether it is now or the future, the knowledge I gain will make the Navy more mission ready. I have found that never letting time go to waste is key. Try to talk to the “old salts” and take all advice into account. Observe the different types of leadership styles both good and bad. Make mental notes of what you admired and what you would have done different. Making myself a better sailor is what I am dedicated to.

My job allows the hard working sailors to concentrate on their own jobs. Every time a wife, husband, or child comes in, just remember their sponsor has a job to fulfill. That is another part of my job that I take pride in. I thought about it and tried to put it into perspective. If ten percent of a ship’s crew were burdened about pregnant wives or sick children, that would hinder the total job performance by simply ten percent. Now if ten to fifteen ships all have that same statistic that would have a drastic impact on mission readiness. Making the patients happy with the care they receive is really what it’s all about, is it not? My goal is to make them feel better then they did when they arrived. I want my patients to leave feeling they have just obtained quality health care. Hopefully, the next time that family member talks to their sponsor, they will tell them how good of a job that corpsman did at Family Practice.

The question of does my job position in a hospital help mission readiness? No, but I do believe the way I am truly dedicated and perform my job does. It is not about how many vital signs you take; it is about practicing to get them perfect. It is not about treating people mediocre and just one that you take a liking to special. It is about treating everyone as a customer at the Navy’s First and Finest hospital. Carrying out all my duties with Honor, Courage, and Commitment is how I help to make the Navy more mission ready.

Assistance Found in Many Places

By JO2 Daniel A. Bristol

Hurricane preparation, Exceptional Family Member Program, financial relief and stress management were some of the topics covered at the first Enlisted Spouse Orientation held at the Naval Medical Center, Portsmouth June 13, 2002 in the NMCP auditorium.

Are you a spouse of a military member? Do you know what programs are available to you? There are programs out there from preparing you for a family emergency to continuing your education. All you have to do is know where to look. A good place to start is your command ombudsman, which for NMCP is Shannon Whelan. She knows whom you need to talk to depending on what type of program or service you are looking for.

Do you know what services are available and what the upcoming events are at the Morale Welfare and Recreation department? Kathy Wright, the MWR representative knows. There are sports clubs with incentive programs. MWR will have two or three sporting events each month. In July, there will be swimming lessons for both children and adults. "Next to the Navy Exchange there is a club with a swimming pool, which is great for meetings, retirements, or reenlistments," said Wright.

In case of a disaster, do you know what assistance is available and where you can find it? The Red Cross is the place to go, and Willie Byrom is the person to call. "The Red Cross office provides emergency assistance," said Byrom, "but not without proper veri-

fication." That verification can come from a chaplain, a registered nurse or from a doctor. The Red Cross also has an educational program called the Dental Assistant Program. They train people to become dental assistants free of charge.

Maybe the thought of being caught in a hurricane frightens you. Do you know whom you can turn to for answers? Lt. Geoffrey Young, of Plans Operations Medicine and Intelligence, said the best thing that can be done in case of a hurricane is to be prepared. If the decision to evacuate needs to be made, the best time to make that decision is a couple days before the hurricane, not that day, said Young. "Be prepared, and if you have any questions, we are here to assist."

Suppose something happens and you are strapped for cash, what can you do? According to Pat Fulgham, Navy and Marine Corps Relief Society representative, the NMCRS has financial assistance available. The NMCRS will assist with basic living and travel expenses. They also provide funeral services if needed. If a baby is in your future, the NMCRS offers a class called, "Budgeting for Baby."

Bruce Baker, Navy Mutual Aid Association representative, said NMAA could also assist those who need extra financial help during hard times. NMAA offers sound financial advice, as well as, financial education to those who need it.

Suppose someone has a family member with special medical care, did you know that the Exceptional Family Member Pro-

gram could help? "We identify what the family's needs are and make sure they are met," said Wanda Williams, EFMP Coordinator. Williams said that enrollment in this program is mandatory for anyone with a family member who has special needs.

Did you know that there was assistance for any surviving family of an active duty member? The Tragedy Assistance Program for Survivors can help. This is a non-profit organization run by survivors willing to help others. TAPS coordinator Lori Hunter said, "What you are experiencing is a normal reaction to an abnormal situation."

Is all this information stressing you out? Stress management was also covered at this orientation. Edie Morcoones, representative for the Fleet and Family Support Center, said that stress could be both negative and positive. Morcoones said that different people handle stress different ways. Morcoones also said that if it gets to be too much seek help from others, like the FFSC.

Of course if all this new information is bogging you down and it is just too much for you to take, there is one thing you can do that will help. If you missed the first spouse orientation this time around, there will be another one in October at the NMCP base gym.

Alcohol Abuse costs DOD Dearly

Story by HM1 Luann Smith

In an Armed Forces Press Service release in June 2000, it was reported that 21 percent of service members admit to drinking heavily – a statistic the military hasn't been able to lower in 20 years.

Thanks to the relatively new DoD Alcohol Abuse and Tobacco Reduction Committee, service officials are determined to change that statistic.

"If you look at the heavy use of alcohol, drinking a lot in a short span of time, we tend to have a higher prevalence than the civilian community," said LCOL Wayne Talcott, an Air Force Psychologist. Young military people between 18 and 25 also tend to do more heavy drinking than their civilian peers, he noted.

"Speaking only in terms of medical care and lost time at work, alcohol abuse costs DoD more than \$600 million each year," said Navy Capt Robert Murphy, a Medical Corps Officer. DoD spends another \$132 million a year to care for babies with fetal alcohol syndrome – a sometimes serious health problem related to their mother's heavy drinking.

Talcott and Murphy co-chair the new committee and their goal is to reduce the prevalence of heavy drinking within the military by 5 percent a year by changing DoD officials' focus on alcohol abuse from treatment to prevention.

As some colleges do with their students, the committee wants to help service members understand the liabilities associated with heavy drinking. It is not in opposition to alcohol use, but trying to reduce the prevalence of alcohol abuse.

The DoD's new approach can be likened to preventive maintenance. "You maintain a jet engine so it doesn't fall out of the sky," Talcott said. "We need to begin to look at where there are risks to the human weapon system and how we can build a system that protects our people." This approach focuses on getting the right messages to help our young people make better decisions about their drinking behavior, rather than waiting for people to develop severe problems requiring treatment, and in some cases, disciplinary action.

It's not the use, it's the alcohol abuse that gets people into trouble.



The Navy College Office will be conducting **COLLEGE ORIENTATION**

The purpose of this briefing is to target people who are interested in attending college but are unsure what opportunities are available and/or how to get started. The briefing will discuss college terminology, different sources of college credit and what NMCP offers. Classes are for active duty, reservist, retirees, family members, and civilians. Classes will be held once a month. Call the Navy College Office for more information at 953-7853.

Hampton Roads Joint Services EFMP Committee

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- Army-788-3993
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- Navy/Marine Corps. 953-5833

“In-dependence” or “In-ter-dependence” - You be the Judge!

By: Phillip A. Kanicki, LCDR, CHC, USNR Catholic Chaplain
NMCP Pastoral Care Services

Every year in the month of July we as a nation pause at the beginning of the month to remember and celebrate the declaration of our independence from what we experienced then as tyrannical government.

The Declaration of Independence, drafted by Thomas Jefferson between June 11 and June 28, 1776, is at one and the same, our nation's most cherished symbol of liberty and Jefferson's most enduring monument. Here, in exalted and unforgettable phrases, Jefferson expresses the convictions that had been stirred up in the minds and hearts of the American people. The political philosophy of the declaration was not new; its ideals of collective inalienable liberties and intrinsic human rights had already been expressed by John Locke and other philosophers. What Jefferson did was to summarize this philosophy in “self-evident truths” and set forth a list of grievances against the King in order to justify before the world the breaking of ties between the American colonies and the mother country.

The Declaration of Independence, however, is not a document that enshrines “individual” liberties as much as it celebrates and affirms the “we” of our national identity and the shared nature of our freedoms. It is not the affirmation that any *one* of us has any more right to enjoy “life, liberty and the pursuit of happiness” than any other citizen. In fact, upon close examination of its language, the declaration of independence is, in truth, the affirmation of the “we-ness” of our American identity, a proclamation of our mutual inter-dependence.

Count the number of times certain key words or phrases are

used, and you'd be surprised at how often what you thought a passage was about was not at all what the author intended. (By the way, this works with any text—even the Bible!)

I would invite you, the reader, to ponder those words written two hundred and twenty-six years ago and I would challenge you to show me an “I,” “me,” “my,” or “mine” in Jefferson's text. It should become eminently clear that our liberties, our freedoms exist in relationship to others and that they are collectively exercised and are intrinsic to all human beings. In a very real way, the Declaration of Independence is our individual and collective examination of conscience—our national standard. How well are we doing?

Perhaps in reminding ourselves of the content of our national “birth certificate” we might remember again that it is the “we” and not the “me” that not only makes us strong but also makes us one.

“IN CONGRESS, July 4, 1776.

The unanimous Declaration of the thirteen United States of America,

When in the Course of human events, it becomes necessary for one people to dissolve the political bands which have connected them with another, and to assume among the powers of the earth, the separate and equal station to which the Laws of Nature and of Nature's God entitle them, a decent respect to the opinions of mankind requires that they should declare the causes which impel them to the separation.

We hold these truths to be self-evident, that all men are created equal, that they are endowed by their Creator with certain unal-

ienable Rights, that among these are Life, Liberty and the pursuit of Happiness.—That to secure these rights, Governments are instituted among Men, deriving their just powers from the consent of the governed, —That whenever any Form of Government becomes destructive of these ends, it is the Right of the People to alter or to abolish it, and to institute new Government, laying its foundation on such principles and organizing its powers in such form, as to them shall seem most likely to effect their Safety and Happiness. Prudence, indeed, will dictate that Governments long established should not be changed for light and transient causes; and accordingly all experience hath shown, that mankind are more disposed to suffer, while evils are sufferable, than to right themselves by abolishing the forms to which they are accustomed. But when a long train of abuses and usurpations, pursuing invariably the same Object evinces a design to reduce them under absolute Despotism, it is their right, it is their duty, to throw off such Government, and to provide new Guards for their future security.—Such has been the patient sufferance of these Colonies; and such is now the necessity which constrains them to alter their former Systems of Government. The history of the present King of Great Britain is a history of repeated injuries and usurpations, all having in direct object the establishment of an absolute Tyranny over these States. To prove this, let Facts be submitted to a candid world.

(. . . a list of specific grievances follows here. The Declaration continues . . .)

In every stage of these Oppressions We have Petitioned for Redress in the most humble terms: Our repeated Petitions have been answered only by repeated injury.

A Prince whose character is thus marked by every act which may define a Tyrant, is unfit to be the ruler of a free people.

Nor have We been wanting in attentions to our British brethren. We have warned them from time to time of attempts by their legislature to extend an unwarrantable jurisdiction over us. We have reminded them of the circumstances of our emigration and settlement here. We have appealed to their native justice and magnanimity, and we have conjured them by the ties of our common kindred to disavow these usurpations, which, would inevitably interrupt our connections and correspondence. They too have been deaf to the voice of justice and of consanguinity. We must, therefore, acquiesce in the necessity, which denounces our Separation, and hold them, as we hold the rest of mankind, Enemies in War, in Peace Friends.

We, therefore, the Representatives of the united States of America, in General Congress, Assembled, appealing to the Supreme Judge of the world for the rectitude of our intentions, do, in the Name, and by Authority of the good People of these Colonies, solemnly publish and declare, That these United Colonies are, and of Right ought to be Free and Independent States; that they are Absolved from all Allegiance to the British Crown, and that all political connection between them and the State of Great Britain, is and ought to be totally dissolved; and that as Free and Independent States, they have full Power to levy War, conclude Peace, contract Alliances, establish Commerce, and to do all other Acts and Things which Independent States may of right do. And for the support of this Declaration, with a firm reliance on the protection of divine Providence, we mutually pledge to each other our Lives, our Fortunes and our sacred Honor.”

NMCP Hosts Navy-Wide Competition

By: LT. Robert Lyon and JO3 Theresa Raymond

Naval Medical Center Portsmouth hosted the 2002 Navy-wide Clinical Investigation Program’s annual research competition. The competition is designed to stimulate interest in research supporting the Graduate Medical Education Program, highlight the Clinical Investigation Program, and promote Navy research to the military and civilian communities.

The Navy-wide competition featured six contestants, all of whom won at their local levels competing at the resident and staff level. NMCP hosted the final round, bringing the best of these projects into a single arena.

Ens. W. Chris Fox, Naval Special Warfare Command San Diego won at the resident level for his research on “Cardiovascular Baroreceptors Mediate Susceptibility To Hypothermia In Man.” Army Col. Richard Kopke, Department of Otolaryngology, San Diego, received the staff level award for his research on “Pharmacological Prevention And Reversal Of Noise-Induced Hearing Loss.”

Fox was able to study the effects of hypothermia in Navy SEALs due to their same basic body structure, diet and unique daily routines. Fox was intrigued by the fact that while some SEALs succumbed to hypothermia; some did not. The research provided a way to assess risk, detect, and prevent hypothermia.

For the commanding officer of the Nautical Special Warfare Development Group, Capt. Joe Kernan, Fox’s research had a direct application.

“Most of the (Fox’s) research has an applicability. Because of the fact that we (SEAL’s) operate in

such cold environments, we have to determine through the research studies what factors can cause hypothermia,” explained Kernan.

“I have to ask ‘ what can I do’, to prepare a guy who we know is going to go on a long mission which is going to be cold. We know that hypothermia is an obstacle to performance, and if we can somehow improve someone’s ability to stay away from hypothermia, they’ll stay in the field longer,” Kernan said.

Kopke’s research showed that there are ways to prevent and even reverse noise-induced hearing loss with the use of drugs, in conjunction of traditional hearing protection.

“Because of the nature of the research I am working on, it allowed me to be stationed at the medical center to continue that research which has wide DOD applications,” said Kopke.

All residents and staff are fellows in good standing from the three major naval teaching medical centers, San Diego, Portsmouth and Bethesda, and their outlying clinics are eligible to participate.

“The clinical investigations program, gives us a unique opportunity to separate the graduate medical education program and the activities that it supports. It gives junior and senior healthcare officers the chance to partner and develop our future health care, establish new therapies and adjust current therapies,” explained the Director for the Clinical Investigation Program, Bethesda, Capt. Harry Tillman.

Each year the Navy-wide competition is held at a different location, rotating among the participating commands. Naval Medical Center, Bethesda, will host the Navy-wide competition in 2003.



SAFETY PRESCRIPTION ***FROM THE NAVAL MEDICAL CENTER SAFETY OFFICE***

Emergency Evacuation Procedures for Persons with Disabilities

Since the September 11th tragedy, questions and concerns for safety have been on everyone's minds. The following checklist is a checklist from the Job Accommodations Network (JAN) that provide important tips on assisting persons with disabilities in case of an emergency evacuation:

- √ *Have all employees been consulted and asked to contribute to evacuation and emergency plans.*
- √ *Has a "buddy system" been established where volunteer co-workers can alert and assist people with disabilities in an emergency?*
- √ *Are people aware of ways to report safety hazards?*
- √ *Are employees encouraged to make a list of medications, allergies, special equipment, names, addresses, and telephone numbers of family members or friends, and any other important information?*
- √ *Are alternate methods of evacuation practiced and evaluated through announced and surprise drills?*
- √ *Are fire, security and safety departments periodically consulted about issues such as whether people with disabilities should remain in their workspaces, assemble in an area of refuge to await the arrival of rescue workers, or immediately evacuate?*
- √ *Are maintenance activities conducted regularly and evaluated for efficiency and safety?*
- √ *Are pieces of furniture and other items secured to provide multiple barrier-free passages?*
- √ *Are manual pull stations mounted at a height that is within the range of 48 to 54 inches?*
- √ *Is the building in compliance with all federal, state and local codes?*
- √ *Are lighted fire strobes and other visual or vibrating alerting devices used to supplement audible alarms?*
Note: Lighted strobes should not exceed five flashes per second due to risk of triggering seizures in some individuals.
- √ *Have areas of rescue, locations that are relatively safe from immediate danger, been established?*
- √ *Have signs been properly constructed and placed?*
- √ *Are storage areas provided in several accessible areas for emergency supplies, which should include packs or backpacks that attach to walkers, wheelchairs, or scooters? Are storage areas provided for necessary evacuation aids?*
- √ *Are employees trained on what evacuation techniques to use?*